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ABSTRACT

A project was undertaken to identify the training and resources family support workers need to strengthen the programs they provide for young adolescents and their families. Results were designed to help shape the development of training and resource materials for family support workers nationwide. Potential survey respondents were on the Family Resource Coalition mailing list. Responses from 659 program directors or other administrators and staff represented a 10% response rate from the original mailing list. More than half the programs identified themselves as urban, but 32% were rural. Nearly half were locally oriented, and nearly half served multiple communities. The majority of surveyed workers said that they needed to do more to meet the needs of young adolescents and their families, especially in the areas of personal growth counseling, mentoring, and community service opportunities. Responses also indicated that a significant minority of these workers, from 30 to 50%, misunderstand critical aspects of young adolescent development. Nearly all respondents believed that training and resources in various content areas would be useful, and most were willing to attend brief training sessions. The other kind of key assistance, beyond training, that these workers wanted was help networking with others. (Contains 22 tables and 10 references.) (SLD)

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SURVEY REPORT

WORKING WITH YOUNG ADOLESCENTS AND THEIR FAMILIES

A National Survey of Family Support Workers

Prepared by
Peter C. Scales, Ph.D.

In Collaboration with
The Family Resource Coalition

With Support from
A.L. Mailman Family Foundation, Inc.

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WORKING WITH YOUNG ADOLESCENTS AND THEIR FAMILIES: A NATIONAL SURVEY OF FAMILY SUPPORT WORKERS

By Peter C. Scales, Ph.D.

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1. Introduction

In 1995, the A. L. Mailman Family Foundation, Inc., awarded the Center for Early Adolescence a grant to assess the feasibility of providing training and resources on early adolescence to workers in family support programs. The Center closed its doors in summer 1995, and the project was transferred to Search Institute, which completed the study in collaboration with the Family Resource Coalition.

The purpose of the project was to identify the training and resources family support workers need to strengthen the programs they provide for young adolescents and their families. The results were designed to help shape the development of training and resource materials for family support workers nationwide.

Why Target Young Adolescents?

Early adolescence, the period from about age 10 to age 15, is recognized as the last best chance for communities to ensure that youth have crucial assets for experiencing positive development and avoiding problems such as early sexual involvement, alcohol and other drug abuse, and school failure (Carnegie Council on Adolescent Development, 1989, 1992; Scales, 1991). Search Institute's studies of more than 250,000 sixth- to 12th-grade youth show that the more of the following assets youth have during this period, the fewer the risky behaviors in which they engage:

EXTERNAL ASSETS

1. **support**: e.g., care and communication provided by parents and other family members;
2. **boundaries and limits**, e.g., parental monitoring and discipline;
3. **opportunities for structured use of time**; e.g., family influence on after-school activities and religious involvement;

INTERNAL ASSETS

4. **educational commitment**; e.g., doing homework and being motivated to achieve;
5. **positive values**, e.g., helping others and delaying sexual activity; and
6. **social competence**, e.g., planning and friend-making skills (Benson, 1993; Benson, 1995; Benson, Galbraith, and Espeland, 1995).

When families, schools, and communities build external assets the chances are increased that youth will develop internal assets to guide them for the rest of their lives. Unfortunately, Search Institute studies show that the average youth has just half of these essential assets, and that assets tend to diminish in number as adolescents age through middle and high school. Young adolescents in sixth grade have more assets than those in grade 9 and grade 12.

Although many of the differences are small, these protective assets seem to decrease just as the challenges and risks associated with normal adolescent development increase. It is critical to target the period when this disturbing trend is most pronounced—early adolescence.

WHY TARGET FAMILY SUPPORT PROGRAMS?

Family support programs have become an increasingly important way in which needed resources and services are provided to help parents and other family members raise their children. There are now nearly 2,000 members of the Family Resource Coalition, and perhaps an equal number of family support programs that are not yet members.

Family support programs increase the ability of families to successfully nurture their children by fostering a sense of family self-sufficiency and empowerment. Family support programs are diverse in size and structure. Most programs, however, include these components:

1. life skills training (e.g., family literacy, problem-solving skills, employment training);
2. parent information classes and support groups;
3. parent-child groups and family activities;
4. drop-in time for parents to spend with staff and other parents;
5. information and referral services;
6. crisis intervention/family counseling; and
7. auxiliary support services including provision of food or clothing (National Resource Center for Family Support Programs, 1993).

Discussions with staff of our collaborating partner, the Family Resource Coalition, suggested that:

- Family support program staff are serving more 10- to 15-year-old youth in their client families.

- Family support workers want to provide more services for young adolescents and their families, but wonder how they could do it effectively.
- Most staff and volunteers haven't been specially trained to work with youth who are neither children nor young adults.
- Most family support workers are used to working with parents of younger children (birth to age 6) and are unsure of the special needs and issues facing the parents and families of young adolescents.

The family support movement has grown out of and always been closely associated with the beginnings of Head Start and early childhood education programs (Kagan and Weissbourd, 1994). The only work most family support programs have done with teenagers is with adolescent parents.

However, there is increasing recognition among all who work with children and youth, as recently articulated by the National Commission on Children report *Beyond Rhetoric* (1991), that investment in earlier developmental stages is necessary but insufficient. To truly promote positive youth development requires solid investment from the prenatal period through adolescence.

Indeed, as Figure 1 shows, despite the family support movement's historical emphasis on the family during infancy and early childhood, there is remarkable similarity between the principles of best practice articulated by those concerned with positive youth development (synthesized from Roehlkepartain and Scales, 1995) and those concerned with family development (synthesized from Kagan and Weissbourd, 1994). This suggests that there is a strong foundation on which collaboration for supporting families during early adolescence can be built.

Search Institute's 1995 national study of family support workers has provided a wealth of previously unavailable information about the programs and services already being offered for families with young adolescents, the relative success or failure family support workers are experiencing in this effort, and the kinds of training, support, and resource materials family support workers are requesting in order to have a positive impact on the development of families with young adolescents.

FIGURE 1 **PRINCIPLES OF BEST PRACTICES**

POSITIVE YOUTH DEVELOPMENT	FAMILY SUPPORT
Focuses on building assets and promoting optimal development more than on prevention of discreet problems.	Focuses on primary prevention and promoting optimal family development more than on family problems.
Focuses on recognizing and building strengths and assets that all youth need, not just those "at risk."	Emphasizes universal value of family support that all families need, not just those "at risk."
Sees youth as whole being, and so addresses multiple dimensions of life; promotes community collaboration among all who can influence youth.	Ecological approach to children and family in service delivery; child, family, and community development interconnected.
Sees youth as whole being, and so addresses multiple dimensions of life; promotes community collaboration among all who can influence youth.	Ecological approach to children and family in service delivery; child, family, and community development interconnected.
Creates healthy, caring relationships with peers, parents, and other adults	Parents empowered to nurture, socialize, and advocate for their child.
Early and later adolescence are developmentally different and programs should respond to those developmental needs.	Parenthood is viewed as developmental; programs meet child and parent needs simultaneously.
Involves youth as leaders in the programs that affect them.	Parenthood is viewed as partners in planning and implementing services.

SAMPLE

Potential respondents were all those on the 2,000-member Family Resource Coalition mailing list, as well as non-members that had some communication with FRC. In order to increase the response rate, we developed a recruitment letter that described the project and our hopes for its impact, and asked if the individual receiving the recruitment letter would be interested in becoming a part of the project by completing the survey. In the recruitment letter, we noted that persons with even more interest could become part of our project advisory group, and that all participants attending the Coalition's 1996 biennial national conference on family support would be invited to attend a special session reporting on the results of the survey.

Nearly 7,000 recruitment letters were mailed in mid-April. By mid-May, we had received approximately 1,700 responses indicating willingness to complete the survey. These individuals, representing about 24 percent of the original list, were sent the survey and a business-class return envelope in May. Follow-up letters were sent to non-respondents in mid-June. By July, we had received 659 completed questionnaires, representing a 10 percent response rate from the original mailing list, and a 39 percent response rate from those who said they were interested in completing a survey.

The survey was quite lengthy—135 questions, some with multiple parts. This length probably discouraged some from responding. In addition, a number of potential respondents sent the survey back with comments indicating they did not serve this age group and so didn't feel it appropriate to respond. This was despite their having read the introductory material and asked to be sent a survey. Thus, it is likely that respondents were more likely to come from programs already providing some activities and services for young adolescents and their families, and so our results probably *overstate* how much of this activity is occurring among family support programs nationwide.

2. Results

Respondent Characteristics

Respondents were program directors (50%), executive directors (20%), program staff (19%), or board members, volunteers, and other staff (11%). They were largely female (83%), and nearly all had college or professional degrees (96%). The racial composition was 83 percent white, 11 percent African American, 4 percent Hispanic, 2 percent multiracial. The median age range was 40 to 49; 35 percent were under 40.

Program Characteristics

More than half the programs identified themselves as *urban* (51%) and a large proportion (32%) were *rural* (the remainder were suburban; no definitions were provided for those terms). Nearly half of the programs were locally-oriented, serving a town, city, school district, or neighborhood (46%), and nearly half (49%) served multiple communities. One-third of the programs (34%) were free-standing organizations, and 23 percent were school-linked. A total of 35 percent were *other*. These included extension service programs, programs connected to family service agencies, mental health centers, local or state government agencies, colleges, and other private, nonprofit human service organizations.

Degree of Collaboration

Table 1 shows that collaboration between these family support programs and other community organizations is inconsistent. The majority of these family support organizations collaborate several times a year or more only with youth-serving organizations, health care providers, middle schools, and local or state government agencies. **Parent groups, local businesses, religious organizations, and libraries are much less likely to be collaborative partners**, despite their potential importance in developing young people's developmental assets.

We added scores on all collaboration items together and divided the sample into two groups: those above and those below the median level of collaboration. **In this and all subsequent analyses, we judged a difference between groups to be notable if it was at least 10 percentage points**.

TABLE 1 PROPORTION OF PROGRAMS COLLABORATING WITH VARIOUS COMMUNITY RESOURCES

COMMUNITY RESOURCE	PERCENT WITH REGULAR COLLABORATION*
Health care providers	63%
Middle schools	62%
Youth-serving organizations	61%
Local or state government	52%
Groups of parents of young adolescents	47%
Volunteer organizations	46%
Colleges or universities	43%
Law enforcement	43%
Local businesses	31%
Religious organizations	29%
Libraries	27%

*Regular collaboration is defined as at least several times per year.

Tables 2 and 3 show that respondents who said they collaborated more than average were more likely to be:

- male;
- executive directors; and
- from rural locations.

The finding that men and executive directors reported more collaboration than women may be an artifact of position in the organization. Men were more likely than women to be executive directors (30% of men versus 18% of women), while women were more likely to be program directors (53% of women versus 39% of men). Either much collaboration is occurring at the executive level, where many women are not participating, or men are over-stating the degree of collaboration that occurs at the program level.

TABLE 2 **PERCENT WITH ABOVE-MEDIAN LEVELS OF COLLABORATION, BY PROGRAM LOCATION, HOST ORGANIZATION, GENDER, AND RACE**

		ABOVE MEDIAN
LOCATION	Rural	68%a
	Suburban	51%b
	Urban	48%b
HOST ORGANIZATION	Employer	*
	Free-standing	55%
	Health-related	52%
	School-linked	60%
	Other	56%
GENDER	Female	54%b
	Male	70%a
RACE	African American	59%
	American Indian	*
	Asian American	*
	Hispanic	52%
	White	57%
	Multiracial	*

*These percentages based on 10 or fewer respondents, and so are unlikely to be reliable.

A, b: figures with different letters are different from each other by at least 10 percentage points.

TABLE 3 PERCENT RATING LEVEL OF COLLABORATION ABOVE MEDIAN, BY POSITION IN ORGANIZATION

POSITION*	ABOVE MEDIAN
Executive director	70%a
Program director	56%b
Program Staff	45%c

*Remaining positions were *other* or had less than 10 respondents.

A, b, c: figures with different letters are different from each other by at least 10 percentage points.

The type of host organization and respondent's race were not associated with different levels of collaboration. However, those programs with higher than median collaboration also were more likely to:

- be serving 200-300 families per year;
- have between 10 percent and 50 percent of the caseload receiving public assistance;
- be programs where 50 percent or more of families in the caseload had 10- to 15-year-old children;
- provide services for young adolescents; and
- have a community coalition that promotes positive adolescent development.

Despite the missed opportunities suggested by Table 1, 73 percent of the respondents said there was a coalition in their community whose goal is to create healthier community conditions for young people's development, and 63 percent of those who said they had community coalitions said those coalitions tried to address the *special needs of young adolescents and their families*. Although these figures appear impressive on first glance, the net result is that less than half of the communities in this sample—46 percent—have in place a community coalition that includes attention to the unique needs of young adolescents. It is encouraging that 66 percent of those who did not have such a community coalition would be interested in participating in one.

CLIENT CHARACTERISTICS

The majority of the programs served more than 300 families per year (59%), 12 percent served 100 to 200, and 16 percent served 100 or fewer families. The average respondent estimated that between 51 percent and 74 percent of their clients received public assistance.

As expected, a greater proportion of the families served had children under age 10, than had children age 10 to age 15 or over 15, and a greater proportion of families had children age 10 to age 15 than age 15 or older (see Table 4). In estimating what proportion of their clientele had children in these age ranges, the median program thought about 26 percent to 50 percent of their caseload were families with young adolescents.

Respondents said they served only a small proportion of the families with 10- to 15-year-old youth in their service areas. The median average response was that just 10 to 25 percent of those families were served in a given year. Only 9 percent of respondents said they served 75 percent or more of families with 10-to 15-year-old youth in their service areas.

TABLE 4 PROPORTION OF FAMILIES SERVED WITH DIFFERENT AGES OF CHILDREN

	AGE		
PROPORTION OF FAMILIES IN CASELOAD*	0 TO 10	10 TO 15	15 OR OLDER
0 to 10 percent	9%	8%	31%
10 to 25 percent	14%	27%	**29%**
26 to 50 percent	22%	**27%**	17%
51 to 74 percent	**18%**	13%	4%
75 to 90 percent	13%	6%	4%
91 percent or more	13%	6%	2%
Don't know	12%	12%	14%

*__Bold__ indicates location of median in caseload for each age group.

PRESENCE OF DEVELOPMENTAL ASSETS AND DEFICITS

Overall, the youth served by these family support programs are perceived by these respondents to have fewer assets and more deficits or risk factors in their lives than desirable. Respondents were asked to estimate the proportion of adolescents they worked with who had four assets and two risk factors that were among those Search Institute studies have shown are strongly related to positive or problematic youth development (Benson, 1993, 1995). **The majority of respondents believed that fewer than one in four of their adolescents had any of the four assets,** and four in 10 respondents believed half or more of their adolescents had one of the risks (see Table 5).

Table 6 shows that although race and gender were not related to respondent estimates of youth assets and risks, location of the program and the host organization were related. Respondents from school-linked programs also were more likely than those from free-standing programs to perceive the youth they served as having more assets and fewer risks. In addition, although those from urban and suburban locations did not differ significantly, respondents in rural locations were more likely to perceive their youth as having more assets and fewer risks.

TABLE 5 ESTIMATED PROPORTION OF ADOLESCENTS SERVED WHO HAVE ASSETS AND RISK FACTORS

ASSETS	PERCENT SAYING LESS THAN 25 PERCENT OF THEIR ADOLESCENTS HAVE THE ASSET
Achieve above-average grades in school	67%
Participate regularly in structured after-school activities	64%
Belong to a religious organization	56%
Have an adult other than parent(s) whom they can talk to about important things	51%

RISKS	PERCENT SAYING MORE THAN 50 PERCENT OF THEIR ADOLESCENTS HAVE THE RISK
Have had sexual intercourse	40%
Have used alcohol and/or other drugs	40%

TABLE 6 PROPORTION ABOVE MEDIAN WHO SAY THEY SERVE HEALTHIER* YOUTH, BY PROGRAM LOCATION, HOST ORGANIZATION, GENDER, AND RACE

		ABOVE MEDIAN
LOCATION	Rural	62%a
	Suburban	41%b
	Urban	50%b
HOST ORGANIZATION	Employer	*
	Free-standing	44%b
	Health-related	*
	School-linked	55%a
	Other	38%b
GENDER	Female	52%
	Male	48%
RACE	African American	58%
	American Indian	*
	Asian American	*
	Hispanic	*
	White	51%
	Multiracial	*

*Healthier youth is defined as above the median score on proportion of youth estimated to have the four assets and two risk factors listed in table 5.

**These percentages based on 10 or fewer respondents, and so are unlikely to be reliable.

A, b: figures with different letters are different from each other by at least 10 percentage points.

Subsequent analysis showed that this difference was due to a higher proportion of rural respondents feeling that the youth they served got above average grades and a lower proportion of those respondents feeling that those youth have had sexual intercourse (Table 6b). For example, 43 percent of urban and 40 percent of suburban respondents thought that more than half the youth they served had engaged in sexual intercourse, but only 28 percent of the rural respondents felt the figure was that high. Similarly, 31 percent of rural respondents thought that between 26 and 50 percent of the adolescents they served had above average grades, but just 19 percent of urban and 17 percent of suburban respondents felt that way. On the other four assets and risks, there were no notable urban, suburban, and rural differences.

TABLE 6B PROPORTION OF YOUTH ESTIMATED TO HAVE ABOVE-AVERAGE GRADES AND SEXUAL INTERCOURSE EXPERIENCE, BY PROGRAM LOCATION

ABOVE AVERAGE GRADES	URBAN	SUBURBAN	RURAL
0 to 10 percent	36%a	41%a	23%b
10 to 25 percent	36%	27%	36%
26 to 50 percent	19%a	17%a	31%b
51 to 74 percent	7%	15%	8%
75 to 90 percent	1%	0%	1%
91 percent	0%	0%	0%
HAVE HAD SEXUAL INTERCOURSE			
0 to 10 percent	18%ab	10%b	20%a
10 to 25 percent	13%	19%	18%
26 to 50 percent	24%b	31%ab	34%a
51 to 74 percent	21%ab	29%a	17%b
75 to 90 percent	25%a	11%b	11%b
91 percent	0%	0%	0%

A, b: figures with different letters are different from each other by at least 10 percentage points.

How Well Do Family Support Workers Understand Early Adolescence?

To respond in developmentally appropriate ways to young adolescents, workers in any discipline must accurately understand key aspects of early adolescent development. Otherwise, there will be what the Carnegie Council on Adolescent Development (1989) called a serious *mismatch* between programs or services, and young adolescents' needs. On a scale from strongly agree to strongly disagree, we asked 10 questions designed to assess family support workers' knowledge about basic adolescent/early adolescent development. The questions were derived from a popular Search Institute curriculum for training youth workers how to train others to plan and implement programs for young adolescents (Dorman, 1986). The Cronbach alpha reliability of the instrument was .64, indicating reliability in the low acceptable range. There were two clear results (see Table 7):

1. the majority of family support workers have an accurate understanding of adolescent/early adolescent development, as measured by those items;
2. however, on six of those 10 items, non-trivial proportions of the respondents— ranging from 16 percent to 45 percent—displayed inaccurate understanding that could jeopardize the quality of programs and services they provide to families with young adolescents.

It is particularly noteworthy that **more than 30 percent of family support workers misjudge the nature of early adolescent psychological health, quest for independence, and unevenness of developmental maturity.** Research shows that young adolescents are no more psychologically unhealthy, and early adolescence is no more stormy than other periods of life (Offer, Astrov, and Howard, 1989). Workers who see considerable emotional upheaval in a young adolescent and dismiss it as normal may be committing that young person and her or his family to a dangerous condition.

Similarly, family support workers who believe that young adolescents need *a lot* of independence from adults may be missing an opportunity to help parents and young adolescents remain emotionally close, a condition that can increase young adolescents' sense of parental support and parents' ability to monitor children and set boundaries, two key developmental assets. It should be noted that workers in other disciplines might show similar levels of misunderstanding, but we are not aware of other studies that have used this instrument to assess knowledge about early adolescence.

TABLE 7 UNDERSTANDING OF ADOLESCENT/EARLY ADOLESCENT DEVELOPMENT

ITEM	PERCENT INCORRECT*
Adolescence is usually a stormy period marked by outright rebellion.	45%
When young adolescents seek more self-determination in areas like dress, curfew, and selection of friends, it is because they need a lot of independence from adults.	39%
Adolescents who are capable of mature thought about social justice also are easily able to comprehend the risks in behaviors such as drug experimentation or unprotected sexual intercourse.	30%
Adolescents who are early physical developers also are more socially and emotionally mature than late physical developers.	18%
The proportion of adolescents who show signs of serious emotional disturbance and inability to function normally is much greater than the percentage of adults who show these signs.	16%
A common characteristic of young adolescents is that they change their moods and interests much less than older teenagers do.	16%
Young adolescents need to have a lot of free time with nothing to do so they can think about and understand themselves better.	6%
Young adolescents do not like, enjoy, or seek the company of adults.	5%
It is abnormal for an 11-year-old girl to have begun to menstruate.	4%
Young adolescents are not mature enough to make commitments to people, ideals, or projects.	4%

*Percent incorrect is sum of agree and strongly agree.

Finally, the belief of 30 percent of family support workers that young adolescents can reason with equal maturity about all issues is a troubling finding. It is commonplace for the same young adolescent who can argue passionately about the need for racial or gender equality—examples of the *social justice* issues about which we inquired—to be thoroughly incapable of understanding the true nature of the risks they assume when they have sexual intercourse at a young age, do so without pregnancy and disease protection, use alcohol and other drugs, or other risky behaviors.

We divided the sample into those with high, medium, and low knowledge scores when summing these 10 items. Respondents from free-standing family support organizations scored higher than those from health-related organizations. African American respondents as a group scored lower than white respondents, but just 11 percent of the sample was African-American, so this finding may have a large error term (see Table 8). A positive finding was that those with lower knowledge scores were more interested than others in the opportunity to be connected with a mentor or more experienced family support provider.

What Programs/Services are Being Provided for Families with Young Adolescents?

One important indication of commitment to this age group is whether an organization explicitly refers to them in its mission statement or goals. The majority of respondents—52 percent—said their organizations did not have a mission statement that explicitly described their goals for working with families with young adolescents. Of course, this does not mean that organizations without such mission statements have no goals for working with these families or with this age group. It does, however, suggest a difference in intention and allocation of resources that may be quite meaningful in terms of the quantity or quality of programs and services provided. Respondents with mission statements about young adolescents were more likely to be:

- male;
- African American;
- from school-linked programs;
- from rural areas;
- serving a neighborhood/school/health district more than a larger service area;
- from programs where 50 percent or more of the caseload was families with 10-to 15-year- old youth;

TABLE 8 PERCENT WITH HIGH, MEDIUM, OR LOW UNDERSTANDING OF EARLY ADOLESCENCE, BY PROGRAM LOCATION, HOST ORGANIZATION, GENDER, AND RACE

		LEVEL		
		HIGH	MEDIUM	LOW
LOCATION	Rural	9%	63%	28%
	Suburban	12%	66%	22%
	Urban	8%	64%	27%
HOST ORGANIZATION	Employer	0	65%	*
	Free-standing	10%	65%	25%b
	Health-related	*	56%	38%a
	School-linked	*	61	32%ab
	Other	13%	65%	22b
GENDER	Female	10%	65%	26%
	Male	12%	57%	31%
RACE	African American	8%	62%b	39%a
	American Indian	*	*	*
	Asian American	*	*	*
	White	11%	65%a	24%b
	Multiracial	*	*	*

*These percentages are based on 10 or fewer respondents, and so are unlikely to be reliable.

A, b: figures with different letters are different from each other by at least 10 percentage points.

- serving less than 100 families/year;
- providing services for young adolescents;
- in a community that had a coalition that promotes positive adolescent development.

Family support programs provide a range of services and activities. We asked respondents to indicate how frequently their organizations offered a variety of services and activities for families with 10- to 15-year-old youth (on a 5-point scale of daily to never). The activities could be for parents alone, adolescents alone, or the whole family. Table 9 shows that:

TABLE 9 FREQUENCY OF SERVICES FOR FAMILIES WITH YOUNG ADOLESCENTS

	PERCENT PROVIDING SERVICE	
SERVICE	DAILY OR WEEKLY	NEVER
Counseling	17%	17%
Personal growth instruction	51%	11%
Health education	41%	13%
Mentoring	39%	27%
Health services	37%	34%
Tutoring	37%	37%
Recreation	34%	23%
Academic instruction (non-tutoring)	32%	40%
Social activities	30%	21%
Community service/leadership projects	27%	16%
Personal interest clubs	25%	47%
Arts	25%	38%
Job/career training	24%	33%
Helping with housing	24%	31%
Meals	22	41%
Trips	9%	33%

1. The majority of family support programs provide a wide variety of activities and services—the majority offer all these services at least a few times per year; and
2. The **most frequent services or activities** for families with 10-to 15-year-olds are **counseling, personal growth instruction, health education and health services, mentoring, tutoring, and recreation**, all offered daily or weekly by at least one-third of the programs.

We summed scores for all these service items, and divided the sample into those providing above and below the median number of services for young adolescents (see Table 10). The location of the program did not have a relationship with the amount of services offered, but respondents providing more services for young adolescents were more likely to be:

- male;
- African American or Hispanic; and
- from school-linked or employer-linked programs.

In addition, those having more services also:

- served between 200 and 300 families per year
- served a neighborhood/school/health district more than a larger service area.

How Well Do Family Support Workers Feel They're Doing?

We asked respondents to tell us what one program or service they felt their organization needed to do more of to meet the needs of young adolescents and their families (see Table 11). In general, they see the need to do more of what they are already doing most often, especially personal growth instruction, mentoring, and community service projects.

Overall, 77 percent of respondents said their organizations needed to provide more programs and services for families with young adolescents.

Despite the desire to do more, the great majority of respondents felt they were doing at least a good job with the quality of programs or services they currently are providing for these families. Nearly a quarter felt they were doing an excellent job, and only 12 percent thought they were doing just a fair or poor job.

TABLE 10 PERCENT WITH ABOVE-MEDIAN LEVEL OF YOUNG ADOLESCENTS SERVICES, BY LOCATION, HOST ORGANIZATION, GENDER, AND RACE

		ABOVE MEDIAN
LOCATION	Rural	50%
	Suburban	48%
	Urban	56%
HOST ORGANIZATION	Employer	61%a
	Free-standing	50%b
	Health-related	37%c
	School-linked	67%a
	Other	45%bc
GENDER	Female	50%b
	Male	68%a
RACE	African American	72%a
	American Indian	*
	Asian American	*
	Hispanic	74%a
	White	49%b
	Multiracial	*

*These percentages are based on 10 or fewer respondents, and so are unlikely to be reliable.

A, b, c: figures with different letters are different from each other by at least 10 percentage points.

Respondents who gave their programs the highest global ratings of quality were more likely to be:

- female;
- from free-standing family support programs;
- from programs with 25 percent or fewer families receiving public assistance; and

TABLE 11 PERCENT BELIEVING THEIR ORGANIZATION SHOULD DO MORE PROGRAMS FOR FAMILIES WITH YOUNG ADOLESCENTS

PROGRAM	PERCENT BELIEVING SHOULD DO MORE
Personal growth instructions	30%
Mentoring	16%
Community service/leadership projects	12%
Counseling	9%
Job/career training	8%
Health education	4%

- from programs where more than 25 percent of the caseload were families with 10- to 15-year-old youth.

However, we also asked respondents how well they thought their programs developed 15 specific, critical assets young adolescents need to develop positively, and these asset-specific self-evaluations were much less favorable than the global ones. Table 12 shows that:

1. **Substantial proportions of respondents thought they did an inadequate or poor job providing critical assets** such as helping young adolescents believe that delaying sexual intercourse is important, developing young adolescents' skills for planning ahead and having a positive view of their future, helping them explore many interests, enabling them to make friends with responsible peers, helping them believe that helping others is important, and helping parents know how to set limits and boundaries; and
2. **On 11 of the 15 assets covered, more respondents thought they did a poor job than thought they did an excellent job.**

Table 13 indicates that location of the program, and race and gender of the respondent, were not related to ratings of service quality. However, school-linked programs were more likely than free-standing programs to give themselves lower ratings on service quality.

TABLE 12 HOW WELL FAMILY SUPPORT PROGRAMS PROVIDE ASSETS FOR POSITIVE YOUNG ADOLESCENT DEVELOPMENT

	PERCENT SAYING DO JOB . . .	
ASSET	INADEQUATELY / POORLY	EXCELLENTLY
Having structured after-school activities	48%	20%
Engaging in physical activity	47%	12%
Believing that delaying sexual intercourse is important	45%	15%
Opportunities for creative expression	39%	17%
Having parents set boundaries and clear limits	35%	21%
Exploring many interests	33%	18%
Developing skills for planning ahead	31%	16%
Developing a positive view of personal future	26%	20%
Developing skills at making friends	25%	21%
Having positive relationships with peers who model responsible behavior	24%	21%
Believing that helping others is important	22%	24%
Demonstrating competence and achievement	21%	18%
Having meaningful participation in family, school, and other settings	21%	23%
Having positive relationships with parent(s)/family	18%	23%
Having positive relationships with other adults	13%	26%

TABLE 13 PROPORTION SAYING THEY PROVIDE DEVELOPMENTAL ASSETS, BY PROGRAM LOCATION, HOST ORGANIZATION, GENDER, AND RACE

		DEGREE MEETS ASSETS		
		HIGH	MEDIUM	LOW
LOCATION	Rural	7%	70%	22%
	Suburban	12%	69%	19%
	Urban	8%	72%	20%
HOST ORGANIZATION	Employer	*	61%b	*
	Free-standing	9%	74%a	17%b
	Health-related	*	66%ab	*
	School-linked	*	67%ab	29%a
	Other	9%	74%a	18%b
GENDER	Female	8%	71%	21%
	Male	7%	75%	19%
RACE	African American	8%	70%a	22%
	American Indian	*	*	*
	Asian American	*	*	*
	Hispanic	*	48%b	*
	White	7%	73%a	20%
	Multiracial	*	*	*

*These percentages are based on 10 or fewer respondents, and so are unlikely to be reliable.
A, b: figures with different letters are different from each other by at least 10 percentage points.

TABLE 14 OBSTACLES TO DOING MORE FOR FAMILIES WITH YOUNG ADOLESCENTS

	PERCENT LISTING AS . . .			
OBSTACLE	#1 OBSTACLE	#2 OBSTACLE	#3 OBSTACLE	TOTAL
Lack of funds	41%	24%	10%	75%
Not enough staff	19%	26%	20%	65%
Funding restrictions	6%	20%	16%	42%
Not our age group	22%	5%	9%	36%
Need more training	4%	10%	20%	34%
Need more resources	4%	7%	12%	23%
Hard enough to meet needs of younger kids	1%	4%	5%	10%
Don't know their needs	3%	3%	4%	10%
Hard to work with young adolescents	2%	2%	4%	8%

WHAT ARE THE OBSTACLES TO DOING MORE?

Three out of four respondents wanted to do more for young adolescents and their families. What is keeping them from doing so? The most common barriers to an expanded role were funding, mission, and staffing issues, including training and resource availability (see Table 14).

Ironically, respondents who listed all of the top three obstacles as the ones most significant to them were more likely come from programs with mission statements about young adolescents, to collaborate more regularly with other community resources, to have more services for young adolescents, and to give high global self-evaluations to the quality of their programs. One might think that listing those common obstacles might be evidence of likely difficulty in offering those services.

The alternative explanation could be that those programs already trying to do the most for young adolescents are even more aware of the barriers in their way than

are those who have not yet given as much priority to services for families with young adolescents. In trying to provide more services, they become aware of the funding restrictions, inadequate staffing patterns, and basic lack of funds to carry out this expanded mission. A hopeful sign as well is that the great majority of these respondents did not feel it was too hard to work with young adolescents. This possibility included just 8 percent of all the responses on obstacles to doing more with families with young adolescents, the least selected of all the obstacles.

In a general sense, these respondents would seem to have been well-trained for this work. A surprising 70 percent said they have had college *courses focusing on young adolescents and their families*, and the majority have had continuing education classes or one to two-day workshops focusing on families with young adolescents. Nevertheless, **about 30 percent to 50 percent of respondents rated the quality of their previous training as inadequate or poor for providing nearly all the programs or services (see Table 15).**

TABLE 15 QUALITY OF PREVIOUS TRAINING FOR PROVIDING PROGRAMS/SERVICES

	PERCENT RATING PREVIOUS TRAINING	
PROGRAM/SERVICE	INADEQUATE/POOR	EXCELLENT
Arts	48%	13%
Job/career counseling	46%	15%
Leading of personal interest clubs	46%	17%
Health services	40%	14%
Recreation	32%	22%
Mentoring	32%	22%
Health education	31%	21%
Academic instruction	30%	27%
Community service projects	29%	27%
Social activities	29%	23%
Counseling	23%	39%
Personal growth instruction	18%	38%

TABLE 16 QUALITY OF PREVIOUS TRAINING, BY PROGRAM LOCATION, HOST ORGANIZATION, GENDER, AND RACE

		DEGREE OF QUALITY		
		HIGH	MEDIUM	LOW
LOCATION	Rural	13%	62%	25%
	Suburban	*	67%	23%
	Urban	13%	62%	26%
HOST ORGANIZATION	Employer	*	*	*
	Free-standing	9%	64%a	28%a
	Health-related	*	40%b	43%b
	School-linked	12%	63%a	25%a
	Other	15%	66%a	19%a
GENDER	Female	12%	63%	26%
	Male	15%	67%	18%
RACE	African American	26%a	60%	*
	American Indian	*	*	*
	Asian American	*	*	*
	Hispanic	*	55%	*
	White	10%b	64%	26%
	Multiracial	*	*	*

*These percentages are based on 10 or fewer respondents, and so are unlikely to be reliable.

A, b: figures with different letters are different from each other by at least 10 percentage points.

Table 16 suggests that program location, and race and gender of the respondent were not related to different evaluations of previous training. However, respondents from health-related programs were more likely to give their previous training a lower quality rating than were respondents from school-linked or free-standing programs.

How Useful Would Additional Training Be?

Given the substantial proportions who rated their previous training as inadequate or poor, it is encouraging that overwhelming proportions of family support workers would find additional training in a variety of key areas to be definitely or probably useful (see Table 17). In fact, **more than 90 percent of the sample felt training on every one of the topics we listed would definitely or probably be useful.**

TABLE 17 Perceived Usefulness of Additional Training

	Percent Saying Useful	
Topic	**Definitely Useful**	**Probably Useful**
How to respond to pressing problems young adolescents and their families face (e.g., drugs, violence, sexual pressures, divorce)	74%	23%
Resources to strengthen programs	72%	24%
Developing programs for young adolescents and parents/ family members to participate in together	71%	23%
Young adolescent development	65%	30%
How to develop programs that support and care for young adolescents (e.g., mentoring, peer counseling)	64%	28%
Working with culturally diverse families	61%	30%
How to work with community leaders to create a healthier community for young adolescents	60%	32%
Personal and marital issues parents of young adolescents typically face	59%	34%
How to network with other youth workers and family support providers	49%	38%

Would Family Support Workers Participate in Training?

Family support workers clearly would find additional training in working with young adolescents and their families useful, but under what circumstances would they be more likely to participate if such training were offered? The responses (see Table 18) suggested that **a one-day training offered on a weekday sometime between January and April would probably be very well-attended. A clear majority probably would attend a one-day workshop on a weekday in September or October.**

TABLE 18 Probability of Attending Training

WHEN	EXTREMELY LIKELY	QUITE LIKELY
A weekday	63%	22%
A weekend day	13%	15%
FOR HOW LONG		
1 to 2 hours	61%	19%
1/2 day to 1 day	67%	18%
2 days	38%	23%
3 days	22%	22%
Week-long	11%	17%
MONTH	**PERCENT CONVENIENT**	
March/April	73%	
January/February	71%	
September/October	61%	
July/August	57%	
May/June	54%	
November/December	41%	

How Useful Would New Resources Be?

We have seen that 72 percent of family support workers would definitely find it useful to attend training where they would learn about resources for strengthening programs for young adolescents and their families. A Search Institute study of religious youth workers showed that youth workers prefer resources integrated with training (Roehlkepartain and Scales, 1995), and so the topics of those resources would be similar to the topics we have discussed.

But do family support workers have preferences for the media in which the resources are presented? Moreover, do they want different kinds of resources for themselves as contrasted with resources they would use for program participants? The responses in Table 19 suggest the answer to both questions is yes.

For family support workers themselves, the most useful resources would be books, pamphlets and articles, and videos, whereas for program participants, the most useful resources would be videos, workbooks, and pamphlets and articles.

TABLE 19 Perceived Usefulness of Different Resources

	PERCENT SAYING WOULD BE USEFUL	
RESOURCE	FOR THEMSELVES	FOR PROGRAM
Books	78%	49%
Pamphlets and articles	56%	70%
Videos	54%	88%
Computer software	43%	38%
Workbooks	37%	70%

What Other Assistance Would Be Useful?

Training and resources are just one kind of assistance. We asked respondents about the potential usefulness of several other kinds of technical assistance that might be provided. Table 20 shows that **significant majorities say help with networking, mentoring, and evaluation strategies would be very useful.**

In general, African American respondents were more likely than Hispanic and especially more likely than white respondents to say these kinds of technical assistance would be very useful. In addition, table 20 shows that the type of host organization may be an important variable in targeting technical assistance. School-linked respondents were particularly favorable to help with mentoring, access to library resources, and (joined by employer-based programs) to networking and volunteer recruitment assistance. Free-standing programs were especially interested in fund-raising help and (along with employer-based programs) assistance in evaluating their efforts.

Exemplary Programs

In order to identify potentially outstanding programs that we might later visit to more richly describe, we developed a set of criteria for judging excellence in serving families with young adolescents. We decided not to include the proportion of families served that included young adolescents as a criteria, because programs could be doing an excellent job but still only have a relatively small proportion of young adolescents in their family caseload. The criteria we used for identifying exemplary programs were:

1. high knowledge about early adolescence: gave a correct response on five of the six items which many of those surveyed had answered incorrectly.
2. presence of organization mission statement: regarding young adolescents and their families.
3. offered more than median number of services: for young adolescents and their families, as measured by a 16-item scale.
4. collaborated more than median frequency: with other community resources, as measured by an 11-item scale.

TABLE 20 PERCEIVED USEFULNESS OF TECHNICAL ASSISTANCE: PERCENT SAYING VERY USEFUL, BY PROGRAM LOCATION, HOST ORGANIZATION, GENDER, AND RACE

	NETWORK	MENTOR	EVALUATION	FUND-RAISING	VOLUNTEERS	COALITIONS	LIBRARY
ALL	78%	62%	62%	50%	50%	48%	43%
LOCATION							
Rural	81%	64%	58%ab	46%	56%a	50%	42%
Suburban	78%	58%	55%b	48%	42%b	45%	40%
Urban	78%	63%	65%a	53%	50%ab	48%	43%
HOST							
Employer	83%a	65%ab	73%a	*	69%a	*	*
Free-standing	76%b	62%b	68%ab	62%a	46%c	43%b	41%ab
Health-related	68%b	48%bc	56%b	43%c	46%ab	39%b	39%b
School-linked	86%a	72%a	54%b	41%b	57%b	53%a	49%a
Other	77%ab	56%b	62%b	46%b	49%bc	49%ab	41%ab
GENDER							
Female	78%	63%	62%	50%	50%	47%	44%
Male	80%	58%	65%	54%	52%	54%	41%
RACE							
African American	85%	74%a	77%a	70%a	68%a	62%a	55%a
American Indian	*	*	*	*	*	*	*
Asian American	*	*	*	*	*	*	*
Hispanic	78%	65%ab	74%a	59%b	61%a	50%b	45%ab
White	78%	60%b	61%b	48%b	48%b	46%b	42%b
Multiracial	*	*	*	*	*	*	*

*These percentages are based on 10 or fewer respondents, and so are unlikely to be reliable.

A, b, c: figures with different letters are different from each other by at least 10 percentage points.

Based on these criteria, we identified 49 potentially excellent programs. Nearly half of these programs were free-standing organizations, and they were about evenly divided between urban and suburban/rural settings (see Table 21). However, when we also added to this index of excellence a fifth component—whether the respondent rated as excellent their promotion of key young adolescent assets—only 8 programs were able to meet this more stringent level of quality.

Apparently, many programs that have qualities that are reasonable to consider as necessary for excellence nevertheless rate their services as merely adequate, or in some cases as inadequate, in actually having a positive impact on young adolescents and their families. We were not able to tell from our data whether these lower self-ratings from the other 41 potentially excellent programs were based on modesty or accurate judgments.

TABLE 21 CHARACTERISTICS OF POTENTIALLY EXCELLENT PROGRAMS

		NUMBER	PERCENT OF TOTAL
U.S. REGION	East/ Northeast/ Mid-Atlantic	12	25%
	South/ Southeast	17	35%
	Midwest/ Plains	18	38%
	West	1	2%
TYPE OF ORGANIZATION	Cooperative extension	7	14%
	Free-standing	22	45%
	Government (city, county)	11	23%
	School-linked	9	18%
LOCATION OF PROGRAM	Rural/Suburban	27	55%
	Urban	22	45%

N=49. Potentially excellent programs had a mission statement on young adolescents and their families, and scored higher than average on knowledge about early adolescence, number of services offered for young adolescents and their families, and frequency of collaboration with other community resources.

THE RELATIONSHIP OF PREVIOUS TRAINING TO PROGRAM EXCELLENCE

It is implicit in this survey, and in the beliefs of most who work with children, youth, and families, that high quality training should contribute to workers developing programs and services that are also of high quality. We examined the relationship between respondents' ratings of the quality of their previous training, and their responses to the five criteria included in our index of likely program excellence.

The results in Table 22 show that there is dramatic support for the positive relationship between high quality training and high quality programs. Those who rated their previous training as excellent (and in some cases even as merely good versus inadequate) were much more likely to work in programs that had mission statements that included young adolescents, to collaborate regularly with other community resources, to offer more services for young adolescents and their families, and to rate those services as being of high quality.

For example, 77 percent of those who rated their training as excellent offered more than the median amount of services for young adolescents and their families, whereas only 34 percent of those who rated their training as inadequate offered more than the median amount of services. Most striking of all: 30 percent of those who felt they had excellent training thought they provided developmental assets to a high degree, compared with just one percent of those with inadequate training who felt their programs succeeded that well.

Finally, those respondents with relatively poor knowledge but high ratings of quality given to their previous training may simply be poorly judging how good their previous training was. The very fact that they have lower knowledge scores may mean they are less able to fairly evaluate the quality of their previous training for working with young adolescents and their families than those who know more about early adolescence.

TABLE 22 PERCENT HAVING VARIOUS CRITERIA OF PROGRAM EXCELLENCE, BY RATING OF QUALITY GIVEN TO PREVIOUS TRAINING*

EXCELLENCE CRITERIA		HIGH QUALITY	MEDIUM QUALITY	LOW QUALITY
KNOWLEDGE**	High	7%	11%	10%
	Medium	54%b	65%a	63%a
	Low	39%a	24%b	27%ab
HAVE MISSION STATEMENT***		63%a	56%ab	28%b
SERVICE AMOUNT ABOVE MEDIAN***		77%a	63%b	34%c
QUALITY PROVIDING ASSETS***	High	30%a	7%b	1%b
	Medium	64%b	76%a	52%c
	Low	7%c	17%b	47%a
COLLABORATION ABOVE MEDIAN***		75%a	62%b	35%c

* Read table across.

** Differences are *not* statistically significant.

*** Differences are significant at the .001 level.

A, b, c: figures with different letters are different from each other by at least 10 percentage points.

3. Conclusion

The great majority of family support workers we surveyed say they need to do more to meet the needs of young adolescents and their families. They especially want to provide more personal growth counseling, mentoring, and community service opportunities. A significant minority of those workers—30 percent to 50 percent—misunderstand critical aspects of young adolescent development.

The same substantial proportions believe they are doing an inadequate or poor job building essential assets for positive youth development, and rate their previous training as inadequate or poor for working with young adolescents and their families. Nearly all believe training and resources in various content areas related to positive young adolescent development would definitely or probably be useful, and most would attend if the training were no longer than one day. Their beliefs about the value of training apparently are well-founded, because those who thought their previous training was excellent were much more likely than other respondents to work in programs that had four of the five criteria we established to define likely program excellence.

It is encouraging that the key other kind of assistance these family support workers wanted, beyond training and resources, was help networking with others. Although the majority said they had a community coalition that promoted healthy youth development overall, less than half had a coalition that included special attention to young adolescents, and regular collaboration with key community resources was uncommon for the majority. Missed opportunities for promoting youth and family health abound when family support programs do not collaborate regularly with religious organizations, libraries, local businesses, and groups of parents. All these are potentially key influences on young adolescents.

These data reflect the perspectives of family support workers serving families and youth with multiple challenges. More than half the respondents worked in urban settings where half to three-quarters of the clients receive public assistance. Only a distinct minority of the 10- to 15-year-old youth they serve have critical assets in their lives, and too many are engaging in risky sexual and drug use behaviors.

Our study suggests that a substantial proportion of family support programs recognize the need to do more to change the conditions for the families they serve with young adolescents, and that they are ready to act. The challenge is to provide the training, resources, and networking supports to respond to that urgent concern.

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